To: 18506176383 From: 14693173436 Date: 08/23/19 Time: 10:35 AM Page: 01/02

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOI LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compan submits the following statement in order to change its registered office or registered agent, or both, in the State c Florida.

1. N	lame of the limited liability company:	GET CLEAN			
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) 23880 COPPLIMITED DR, #114		(b)		
	WALLENCHA, CA 9113454		<u>\\\</u>	ALENCIA, CA 91354	
	03/04/22 0119		i M it	190000021186	
3.	Date of filing/registration i	n Florida	4.	Document number	
5. (a	Registered Agent and Registered Office should be a composed and Registered Office should be a composed and registered Office Address (MUST BE I	ATION AGEN	ITS, INC.		
	TAMPA		33612	ATPR AN FIL 2019 AUG 23	
	Enter name of NEW Registered Agent and LEGALINIC CORPORATE SE		D	PH 12: 17	
	5237 SUMMERLIN COMMO	NAS BILVID, SI			
	FORT MYERS	, I	339907		
the chagent was/v	nange or changes are made, the Florid will be identical. Or, in the case of a	a street address Florida limited of the members	of the registere liability comp s of the limited ne limited liabi	te of Florida, it is hereby confirmed that after ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in litty company.	
	nature of a member of authorized representative	e of a member		Printed or typed name of signee	
provi the oil to me	sions of all statutes relative to the problems of my position as registered rely reflect a change in the registered ed in writing of this change.	per and comple Lagent as provid	te performance ded för in Cha	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accepter 605, F.S. Or, if this document is being filed rm that the limited liability company has been	
Signa	Lure of Registered Agent			(((H19000254124 3)))	